House of Representatives

General Assembly

File No. 471

February Session, 2014

Substitute House Bill No. 5503

House of Representatives, April 9, 2014

The Committee on Public Health reported through REP. JOHNSON of the 49th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING EMERGENCY MEDICAL SERVICES FOR CERTAIN STATE CAMPUSES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 19a-177 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):

The commissioner shall:

(1) With the advice of the Office of Emergency Medical Services established pursuant to section 19a-178 and of an advisory committee on emergency medical services and with the benefit of meetings held pursuant to subsection (b) of section 19a-184, adopt every five years a state-wide plan for the coordinated delivery of emergency medical services;

(2) License or certify the following: (A) Ambulance operations, ambulance drivers, emergency medical technicians and communications personnel; (B) emergency room facilities and

communications facilities; and (C) transportation equipment, including land, sea and air vehicles used for transportation of patients to emergency facilities and periodically inspect life saving equipment, emergency facilities and emergency transportation vehicles to [insure that] ensure state standards are maintained;

(3) Annually inventory emergency medical services resources within the state, including facilities, equipment, and personnel, for the purposes of determining the need for additional services and the effectiveness of existing services;

(4) Review and evaluate all area-wide plans developed by the emergency medical services councils pursuant to section 19a-182 in order to insure conformity with standards issued by the commissioner;

(5) [Within] Not later than thirty days [of] after their receipt, review all grant and contract applications for federal or state funds concerning emergency medical services or related activities for conformity to policy guidelines and forward such application to the appropriate agency, when required;

(6) Establish such minimum standards and adopt such regulations in accordance with the provisions of chapter 54, as may be necessary to develop the following components of an emergency medical service system: (A) Communications, which shall include, but not be limited to, equipment, radio frequencies and operational procedures; (B) transportation services, which shall include, but not be limited to, vehicle type, design, condition and maintenance, and operational [procedure] procedures; (C) training, which shall include, but not be limited to, emergency medical technicians, communications personnel, paraprofessionals associated with emergency medical services, firefighters and state and local police; and (D) emergency medical service facilities, which shall include, but not be limited to, categorization of emergency departments as to their treatment capabilities and ancillary services;

(7) Coordinate training of all personnel related to emergency

medical services;

(8) (A) Not later than October 1, 2001, develop or cause to be developed a data collection system that will follow a patient from initial entry into the emergency medical service system through arrival at the emergency room and, within available appropriations, may expand the data collection system to include clinical treatment and patient outcome data. The commissioner shall, on a quarterly basis, collect the following information from each licensed ambulance service or certified ambulance service that provides emergency medical services: (i) The total number of calls for emergency medical services received by such licensed ambulance service or certified ambulance service through the 9-1-1 system during the reporting period; (ii) each level of emergency medical services, as defined in regulations adopted pursuant to section 19a-179, required for each such call; (iii) the response time for each licensed ambulance service or certified ambulance service during the reporting period; (iv) the number of passed calls, cancelled calls and mutual aid calls during the reporting period; and (v) for the reporting period, the prehospital data for the nonscheduled transport of patients required by regulations adopted pursuant to subdivision (6) of this section. The information required under this subdivision may be submitted in any written or electronic form selected by such licensed ambulance service or certified ambulance service and approved by the commissioner, provided the commissioner shall take into consideration the needs of such licensed ambulance service or certified ambulance service in approving such written or electronic form. The commissioner may conduct an audit of any such licensed ambulance service or certified ambulance service as the commissioner deems necessary in order to verify the accuracy of such reported information.

(B) The commissioner shall prepare a report to the Emergency Medical Services Advisory Board, established pursuant to section 19a-178a, that shall include, but not be limited to, the following information: (i) The total number of calls for emergency medical services received during the reporting year by each licensed

ambulance service or certified ambulance service; (ii) the level of emergency medical services required for each such call; (iii) the name of the provider of each such level of emergency medical services furnished during the reporting year; (iv) the response time, by time ranges or fractile response times, for each licensed ambulance service or certified ambulance service, using a common definition of response time, as provided in regulations adopted pursuant to section 19a-179; and (v) the number of passed calls, cancelled calls and mutual aid calls during the reporting year. The commissioner shall prepare such report in a format that categorizes such information for each municipality in which the emergency medical services were provided, with each such municipality grouped according to urban, suburban and rural classifications.

(C) If any licensed ambulance service or certified ambulance service does not submit the information required under subparagraph (A) of this subdivision for a period of six consecutive months, or if the commissioner believes that such licensed ambulance service or certified ambulance service knowingly or intentionally submitted incomplete or false information, the commissioner shall issue a written order directing such licensed ambulance service or certified ambulance service to comply with the provisions of subparagraph (A) of this subdivision and submit all missing information or such corrected information as the commissioner may require. If such licensed ambulance service or certified ambulance service fails to fully comply with such order not later than three months from the date such order is issued, the commissioner (i) shall conduct a hearing, in accordance with chapter 54, at which such licensed ambulance service or certified ambulance service shall be required to show cause why the primary service area assignment of such licensed ambulance service or certified ambulance service should not be revoked, and (ii) may take such disciplinary action under section 19a-17 as the commissioner deems appropriate.

(D) The commissioner shall collect the information required by subparagraph (A) of this subdivision, in the manner provided in said

subparagraph, from each person or emergency medical service organization licensed or certified under section 19a-180 that provides emergency medical services;

(9) (A) Establish rates for the conveyance of patients by licensed ambulance services and invalid coaches and establish emergency service rates for certified ambulance services, provided (i) the present rates established for such services and vehicles shall remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision, and (ii) any rate increase not in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, filed in accordance with subparagraph (B)(iii) of this subdivision shall be deemed approved by the commissioner. For purposes of this subdivision, licensed ambulance service shall not include emergency air transport services.

(B) Adopt regulations, in accordance with the provisions of chapter 54, establishing methods for setting rates and conditions for charging such rates. Such regulations shall include, but not be limited to, provisions requiring that on and after July 1, 2000: (i) Requests for rate increases may be filed no more frequently than once a year, except that, in any case where an agency's schedule of maximum allowable rates falls below that of the Medicare allowable rates for that agency, the commissioner shall immediately amend such schedule so that the rates are at or above the Medicare allowable rates; (ii) only licensed ambulance services and certified ambulance services that apply for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, and do not accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall be required to file detailed financial information with the commissioner, provided any hearing that the commissioner may hold concerning such application shall be conducted as a contested case in accordance with chapter 54; (iii) licensed ambulance services and

certified ambulance services that do not apply for a rate increase in any year in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, or that accept the maximum allowable rates contained in any voluntary state-wide rate schedule established by the commissioner for the rate application year shall, not later than July fifteenth of such year, file with the commissioner a statement of emergency and nonemergency call volume, and, in the case of a licensed ambulance service or certified ambulance service that is not applying for a rate increase, a written declaration by such licensed ambulance service or certified ambulance service that no change in its currently approved maximum allowable rates will occur for the rate application year; and (iv) detailed financial and operational information filed by licensed ambulance services and certified ambulance services to support a request for a rate increase in excess of the Medical Care Services Consumer Price Index, as published by the Bureau of Labor Statistics of the United States Department of Labor, for the prior year, shall cover the time period pertaining to the most recently completed fiscal year and the rate application year of the licensed ambulance service or certified ambulance service.

(C) Establish rates for licensed ambulance services and certified ambulance services for the following services and conditions: (i) "Advanced life support assessment" and "specialty care transports", which terms shall have the meaning provided in 42 CFR 414.605; and (ii) intramunicipality mileage, which means mileage for an ambulance transport when the point of origin and final destination for a transport is within the boundaries of the same municipality. The rates established by the commissioner for each such service or condition shall be equal to (I) the ambulance service's base rate plus its established advanced life support/paramedic surcharge when advanced life support assessment services are performed; (II) two hundred twenty-five per cent of the ambulance service's established base rate for specialty care transports; and (III) "loaded mileage", as the term is defined in 42 CFR 414.605, multiplied by the ambulance service's established rate for intramunicipality mileage. Such rates shall

remain in effect until such time as the commissioner establishes a new rate schedule as provided in this subdivision;

(10) Research, develop, track and report on appropriate quantifiable outcome measures for the state's emergency medical services system and submit to the joint standing committee of the General Assembly having cognizance of matters relating to public health, in accordance with the provisions of section 11-4a, on or before July 1, 2002, and annually thereafter, a report on the progress toward the development of such outcome measures and, after such outcome measures are developed, an analysis of emergency medical services system outcomes;

(11) Establish primary service areas and assign in writing a primary service area responder for each primary service area. Each state-owned campus having an acute care hospital on the premises shall be designated as the primary service area responder for that campus;

(12) Revoke primary [services] service area assignments upon determination by the commissioner that it is in the best interests of patient care to do so; and

(13) Annually issue a list of minimum equipment requirements for ambulances and rescue vehicles based upon current national standards. The commissioner shall distribute such list to all emergency medical services organizations and sponsor hospital medical directors and make such list available to other interested stakeholders. Emergency medical services organizations shall have one year from the date of issuance of such list to comply with the minimum equipment requirements.

This act shall take effect as follows and shall amend the following sections:		
Section 1	*October 1, 2014*	19a-177

Statement of Legislative Commissioners:
In section 1(2)(C), the phrase, "insure that state standards" was changed to "**[**insure that**]** ensure state standards", for accuracy and consistency with the drafting conventions of the general statutes; and in section 1(6)(B), the phrase "operational procedure;" was changed to "operational **[**procedure**]** procedures;", for internal consistency.

PH *Joint Favorable Subst.*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 15 $	FY 16 $
UConn Health Center	Operating Fund - Revenue Gain	Up to 117,200	Up to 117,200

Municipal Impact: None

Explanation

The bill may result in a revenue gain to the University of Connecticut Health Center (UCHC) of up to $117,200. The bill would allow the fire department at the UCHC (which currently includes certified paramedics) to treat and transport patients within the UCHC campus. Currently, although the UCHC fire department is the likely first responder to medical incidents on campus, it must contact a private ambulance service to actually transport a patient.

Should the UCHC transport the patient, and be able to bill private insurance or other payers for this service, additional revenue may result. The amount of any revenue would be dependent upon the number of transports, and the amount the UCHC would be able to bill for these transports, which cannot be known in advance. In 2013, the UCHC fire department responded to 206 medical incidents on campus that required transport. Based on this experience, assuming 200 responses annually, at a per trip billable rate of $586[1], UCHC could realize additional annual revenue of $117,200.

The Out Years

[1] Department of Public Health, 2014 Basic Life Support rate. Actual average rate will depend on the mix of payers involved.

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis

sHB 5503

AN ACT CONCERNING EMERGENCY MEDICAL SERVICES FOR CERTAIN STATE CAMPUSES.

SUMMARY:

This bill designates each state-owned campus that has an acute care hospital on the premises (i.e., John Dempsey Hospital on the UConn Health Center (UCHC) campus) as the primary service area (PSA) responder for that campus. By law, an individual injured on campus must wait for the current PSA responder (based on the severity of the emergency) to be dispatched in order to transport the patient to the appropriate hospital. In practice, this requires a private ambulance service to transport some patients to John Dempsey Hospital. The bill would allow the UCHC fire department to treat and transport such a patient.

The bill also makes technical changes.

EFFECTIVE DATE: October 1, 2014

COMMITTEE ACTION

Public Health Committee

Joint Favorable Substitute
Yea 22 Nay 4 (03/21/2014)